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Governor Mitchell E. Daniels, Jr.

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September 29, 2005

Dear Senator Garton, Representative Bosma,
and members of the Legislative Council:

Please find attached the report that was mandated by Senate Enrolled Act No. 591. The report describes the efforts of a subcommittee of licensed psychologists, social workers, mental health counselors, and marriage and family therapists to define certain terms in their respective scopes of practice.

Respectfully submitted,

Dr. Patricia Murphy
Co-chair

Dr. Rex Stockton
Co-chair

Senate Enrolled Act No. 591 Subsection (f)

Committee Report

Meeting Dates & Committee Members In Attendance

The subcommittee of the Indiana State Psychology Board and Subcommittee of the Social Worker, Marriage and Family Therapist and Mental Health Counselor Board met on Friday, June 3, 2005, Friday, July 1, 2005 and Friday, September 2, 2005.

In attendance on June 3, 2005 were:

Patricia Murphy, Psy.D., HSPP (Co-chair)
Rex Stockton, Ed.D, L.M.H.C., L.C.S.W., L.M.F.T., Psychologist (Co-chair)
Sharon Bowman, Ph.D., HSPP
Kathy Grove, M.A., J.D., L.M.F.T.
Lois Rifner, Ph.D., HSPP
Andrew Harner, MSW, L.C.S.W.

In attendance on July 1, 2005 were Dr. Patricia Murphy, Dr. Rex Stockton, Dr. Sharon Bowman, Ms. Geneva Osawe, L.M.F.T.(replacing Ms. Grove), Dr. Lois Rifner, and Mr. Andrew Harner.

In attendance on September 2, 2005 were Dr. Patricia Murphy, Dr. Rex Stockton, Dr. Sharon Bowman, Ms. Geneva Osawe, Dr. Lois Rifner, and Mr. Andrew Harner.

Discussion Summaries

On June 3, 2005, the Committee began by discussing the purpose of the meeting as it related to the specific language listed in Senate Enrolled Act No. 591. They agreed to begin with the definitions. They discussed how and whether each Board's statute defined "diagnosis", "assessment", "appraisal instrument" and "psychological testing". After debate and discussion, the Committee assigned various members to each write a proposed definition to be presented at the next meeting.

On July 1, 2005, the Committee reviewed and discussed the definitions presented by the assigned committee members. Each definition was thoroughly reviewed and tentatively agreed upon. Prior to adjourning the committee determined the items necessary for discussion at next meeting, tentatively scheduled for August 12, 2005. They would discuss the general curriculum used for each profession, requirements for licensure, and graduate program accreditation standards.

At the final committee meeting held on September 2, 2005, the subcommittee of the Social Worker, Marriage and Family Therapist and Mental Health Counselor Board requested the opportunity to revisit the definitions tentatively agreed upon at the July 1,

2005 meeting. The subcommittee argued that criteria should be established before the definitions were finalized. However, the subcommittee of the Indiana State Psychology Board objected to the request asserting that the definitions were agreed upon. After realizing there would be no consensus to the issue, the parties moved on to the curriculum discussion.

A representative from each profession discussed the curriculum and degree programs in great detail. The discussion included supervision received pre and post degree, work experience, and academic training. Licensure requirements for each profession were also discussed.

Prior to adjourning, the committee agreed to meet on September 30, 2005 to finalize their report. They also agreed to submit versions of definitions and criteria for review at the meeting by Friday, September 16, 2005.

After reviewing the overwhelming disparities in the reports submitted by each subcommittee on September 16, 2005, the September 30, 2005 meeting was cancelled in lieu of submitting separate reports and a meeting between Senator Miller, Dr. Patricia Murphy and Dr. Rex Stockton.

Issues Agreed Upon

No issues, definitions, criteria, or language were agreed upon by a majority of the committee members as required under subsection (e) of Senate Enrolled Act No. 591.

Remaining Issues

As no issues, definitions, criteria, or language were agreed upon by a majority of the committee members, each subcommittee has developed a separate report that is attached for your review. The separate reports will include each Board's proposed language for the definitions and criteria of the terms listed in subsection (e) of Senate Enrolled Act No. 591.

Additional Information

No additional information was requested by the legislative council.

REPORT OF THE PSYCHOLOGY BOARD MEMBERS OF THE STUDY
COMMITTEE ON DEFINITIONS AND CRITERIA FOR PRACTICE
EMPANNELED BY SEA No. 591

Development of Definitions

The task of developing definitions for the terms diagnosis, assessment, appraisal instrument, and psychological testing was addressed by use of the following methods:

1. Review of definitions currently in the law and rules governing the practice of psychology, social work, marriage and family therapy, and mental health counseling;
2. Review of standard and medical dictionary descriptions of the above terms;
3. Review of current textbooks, graduate training accreditation standards, and national association practice guidelines;
4. The development of detailed descriptions of the concepts underlying these terms and the specific activities involved.

Our goal was to provide information to assist in the development of a more in-depth understanding of the nature, purpose, underlying assumptions, and potential impact on patients associated with these interventions within the context of the delivery of mental health services to the public.

Definition of Diagnosis

Diagnosis means the use of scientific and skillful methods to establish the cause and nature of a mental or behavioral disorder, and to distinguish one disorder from another. Diagnosis occurs within a professional relationship between a patient as defined in IC 16-18-2-272(d) and a licensed health care provider who is legally authorized to diagnose, provide or direct a course of treatment, and who maintains professional responsibility for the care of the patient. Diagnosis is done by appropriate procedures including but not limited to evaluating the history and course of the disorder; the signs and symptoms present; the use of psychological tests and instruments; and review of the patient's pertinent health history via consultation with the patient's other health care providers. The purpose of establishing a diagnosis is to provide a logical basis for treatment and prognosis. While the communication of a diagnostic finding utilizes nomenclature and classification systems consistent with currently used psychiatric terminology (such as the current edition of the International Classification of Diseases or the Diagnostic and Statistical Manual of Mental Disorders), the processes involved include far more than a review of symptoms. Diagnosis includes naming of the mental or behavioral disorder and becomes part of the patient's mental health record for purposes of communication with other health care providers, payment for professional services, and selection of appropriate treatment(s). Due to the seriousness and potentially far ranging effects of

assigning a mental health diagnosis, it is of the utmost importance that it be made by a qualified and experienced professional.

Definition of Assessment

Within the context of the delivery of mental health services, assessment is a process of data gathering and decision making which is designed to determine the level of functioning of an individual, couple, family, or group for the purpose of determining a classification, planning for treatment, measuring progress in treatment, selecting for placement, or advising an organization or agency. Assessment is an ongoing process throughout the treatment relationship that allows for necessary modification of the treatment plan depending upon patient response and progress within treatment. Assessment includes:

1. developing an understanding of the nature of the decision to be made or the question to be answered;
2. deciding which information is needed to answer these questions;
3. selecting reliable and valid methods for gathering information;
4. competently administering and scoring assessment measure;
5. accurately interpreting information, taking into account the limitations of the measurement
6. methods, inconsistencies in data, and knowledge of incidence and prevalence of the construct or behavior being measured;
7. using expertise in an area of professional practice to translate the assessment data and interpretation into sound decision and recommendations; and
8. communicating the resulting data, interpretations, decisions and recommendations in a way that is understandable to the client, couple, family or organization.

Methods which may be used in assessment include:

1. interviews with the individual, couple, family, or group;
2. review of records;
3. observation of the behavior of the individual, couple, family, or group;
4. awareness of the social context in which the individual, couple, family, or group operates;
5. checklists or surveys;
6. appraisal instruments;
7. psychological tests; or
8. devices used to measure psychophysiological or neuropsychological functioning.

Definition of Appraisal Instrument

Appraisal instrument is a term frequently utilized within the scope of practice language of Masters' prepared mental health service providers including Licensed Clinical Social Workers (LCSW), Marriage and Family Therapists (MFT), and Mental Health Counselors (MHC). This term identifies the type of assessment tools with which these professionals are familiar as a result of their education and training. Many of these instruments are used in applications other than the delivery of mental health treatment, such as marital or family counseling, vocational, or career counseling. Within the context of the delivery of mental health services, the term is understood to identify instruments that allow initial screening that may identify the need for more extensive psychological evaluation of mental and emotional disorders. They are by no means sufficient for reaching a diagnosis or establishing a complete treatment plan. The definitions currently

found in IC 25-23.6-1-1.5 (Appraisal) and IC 25-33-1-2(1) (Appraisal Instrument) are considered accurate and sufficient.

“Appraisal means the use or administration of career and occupational instruments, adaptive behavioral and symptoms screening checklists, and inventories of interests and preferences that are administered for the purpose of counseling persons to cope with or adapt to changing life situations that are due to problems in living. These include the use of marital, relational, communicational, parent and child, and family systems assessment instruments. The term does not include the use of restricted psychology tests or instruments as described in IC 25-33-1-2(1)” (IC 25-23.6-1-1.5)

“Appraisal instrument means: (1) a career and occupational instrument; (2) an adaptive behavioral and symptom screening checklist; or (3) an inventory of interests and preferences; that is administered for the purpose of counseling individuals to cope with or adapt to changing life situations or to situations that are due to problems in living. The term includes marital, relational, communicational, parent and child, family system assessment instruments, and employment counseling.” IC 25-33-1-2(a)

Definition of Psychological Testing

The definition of psychological testing currently found in 868 IAC 1.1-11-6(6)(a,b) is considered to be accurate and sufficient:

Sec. 6 (a) Within the context of the delivery of mental health services “psychological testing” is used for the purpose of the diagnosis and treatment of mental and behavioral disorders, through the administration and/or interpretation of measurement instruments, devices, or procedures for the purpose of treatment planning, diagnosis, classification, and/or description of

- (1) intelligence;
- (2) mental and emotional disorders and disabilities;
- (3) disorders of personality or behavior;
- (4) psychological aspects of physical illness, accident, injury, or disability; and
- (5) neuropsychological functioning.

The use of computerized psychological assessment procedures is also included in the scope of this section.

(b) Psychological testing explicitly includes the following three (3) areas:

(1) Intellectual, which includes those normative-based individually administered instruments used to measure functions such as:

- (A) abstract reasoning;
- (B) fund of knowledge;
- (C) problem solving; and
- (D) visual motor integration.

(2) Personality and emotional, which includes those instruments used to measure both trait and state aspects of personality and emotional characteristics and functioning.

(3) Neuropsychological, which includes those normative-based instruments used to make inferences about brain and behavior relationships. These relationships include, but are not limited to, the following:

- (A) Sensorimotor functioning.
- (B) Attention and concentration skills.
- (C) Memory functioning.
- (D) Language function.
- (E) Concrete and abstract problem solving.
- (F) Measures of cognitive flexibility and creativity.

Intellectual assessment may constitute an element of neuropsychological testing.

Criteria for Practice

The focus of this section of the report is to identify the knowledge base, skills, attitudes and values needed for the **independent practice** of diagnosis, assessment, appraisal, and psychological testing as defined above. These abilities are developed by mental health professionals through graduate academic training, appropriately supervised pre and post-degree professional experience, successful completion of state and national licensure examinations, adherence to the highest level of ethical standards, and the ongoing development of professionalism through life long learning. The challenge of the professional regulatory boards is to identify the appropriate scope of practice of professionals with various levels of training and experience and to assure that those granted licenses are able to deliver services to the public in a safe and effective manner.

Criteria for Diagnosis

The independent diagnosis and treatment of mental and behavioral disorders is currently limited to physicians and licensed psychologists endorsed as Health Service Providers in Psychology. This standard has been in place for many years and was upheld when various other mental health professionals gained licensure status approximately ten years ago.

Diagnosis and treatment of mental and behavioral disorders by a health service provider in psychology is one of the core activities of the practice of psychology (IC 25-33-1-2(a)). The term diagnosis as currently defined (868 IAC 1.1-13-1.1(b)) “means the process by which the nature and extent of an individual’s mental and/or behavioral disorder is ascertained and assessed. The process of diagnosis may involve various methods which include interviews, mental status examination, administration of psychological tests, and review of historical and documentary data relating to the patient.” This definition is included in the more expanded statement offered above.

The potentially serious and far reaching effects of rendering a mental health diagnosis include many direct impacts upon patients including such matters as medical decisions involving hospitalization, medication selection, and even surgery; eligibility for services and programs such as Social Security Disability, Vocational Rehabilitation services, special education and /or work accommodations; legal decisions such as child custody,

visitation, termination of parental rights, capacity to stand trial, mental competency, and involuntary commitment; and the ability to obtain or afford much needed health and life insurance. For these reasons, the psychology board committee members strongly endorse maintaining the current standard.

Endorsement as a health service provider in psychology (HSPP) is required, by definition of the practice of psychology (IC 25-33-1-2(a)(2)), for all licensed psychologists who engage in the independent diagnosis and treatment of mental and behavioral disorders (868 IAC 1.1-13-1.1(c)). Other mental health treatment providers licensed as Clinical Social Workers, Marriage and Family Therapists, and Mental Health Counselors offer a variety of services to persons with mental and/or behavioral disorders but are currently prohibited from engaging in independent diagnosis. This distinction is assumed to arise from the significant difference in the breadth and depth of academic preparation and supervised experience needed to obtain these respective credentials. We maintain that the training and experience required for the HSPP is the minimum necessary to render mental health diagnoses.

Requirements for HSPP endorsement are found in IC 25-33-1-5.1. The academic and supervised experience components include:

1. Licensure as a psychologist;
2. A doctoral degree from a program approved by the Indiana State Psychology Board (program requirements found in 868 IAC 111-4-1) in clinical psychology, counseling psychology, school psychology, or other applied health service area of psychology; (These programs are either accredited by the American Psychological Association (APA) or meet their standards for accreditation. The typical doctoral program includes 96-120 graduate semester credit hours over four years with approximately 1600 hours of supervised practicum in psychological testing and treatment of mental and behavioral disorders **prior to** internship and post doctoral experience.)
3. At least two (2) years experience in a supervised health service setting in which one (1) year of experience was obtained in an organized health service training program (pre-doctoral internship meeting APA or equivalent standards) and in which at least one (1) year of experience was obtained after the individual received the individual's doctoral degree in psychology. The second year of experience must occur in a health service setting under the supervision of an HSPP endorsed psychologist and must consist of a minimum of 1600 hours, 900 of which must include face to face patient contact, as well as a minimum of one (1) hour per week of face to face supervision. Experience in a supervised health service setting means psychological experience in the diagnosis and treatment of mental and behavioral disorders, in a setting which by purpose and design delivers such services (868 IAC 1.1-13-1.1(d)).
4. Currently, training "equivalent" to the doctoral degree in psychology is not acceptable for licensure or HSPP endorsement. This mechanism was repealed in 1985. (868 IAC 1.1-4-2).

Criteria for Assessment and Use of Appraisal Instruments

In order for an individual regulated by the state psychology board established under IC 25-33-1-3 or the social worker, marriage and family therapist, and mental health counselor board established under IC 25-23.6-2-1 to be authorized to perform an assessment or to use or administer an appraisal instrument, the following training and experience criteria should be required:

1. at least one (1) 3-semester- or quarter-hour graduate-level course on psychopathology, including
 - 1.1. epidemiology,
 - 1.2. demographics, and
 - 1.3. incidence and prevalence
2. at least one (1) 3-semester- or quarter-hour graduate-level course on social aspects of behavior, including
 - 2.1. group dynamics,
 - 2.2. family dynamics, and
 - 2.3. impact of social interactions on individual behavior
3. at least one (1) 3-semester- or quarter-hour graduate-level course on assessment, including
 - 3.1. formulation of the assessment question,
 - 3.2. determining data needed to answer the assessment question,
 - 3.3. understanding how a broad range of data improves the usefulness of conclusions and decisions based on the data, and
 - 3.4. understanding validity and reliability and other basic concepts of test construction and the impact of these concepts on the usefulness of appraisal and assessment data
4. at least one (1) 3-semester- or quarter-hour graduate-level course in appraisal instruments, including
 - 4.1. review of career and occupational instruments,
 - 4.2. review of adaptive-behavioral and symptom-screening checklists,
 - 4.3. review of inventories of interests and preferences that are administered for the purpose of counseling persons to cope with or adapt to changing life situations that are due to problems in living,
 - 4.4. review of marital, relational, communicational, parent and child, and family systems assessment instruments, and
 - 4.5. understanding of the benefits and limitations of the above instruments
5. supervised experience with assessment and use of appraisal instruments during practica, field placements, internships, and post-degree supervised experience.

Criteria for Psychological Testing

Psychological tests are distinguished from instruments of appraisal by their complexity as well as intended use to aid in the diagnosis and treatment of mental and behavioral disorders. Appropriate selection, administration, scoring, consideration of moderating variables, and interpretation of results is essential. The data gathered from tests is only one source of information which must be integrated with other sources to formulate a mental health diagnosis and comprehensive treatment plan specific to each individual. Psychological tests may only be administered and interpreted by a licensed psychologist who is endorsed as a health service provider in psychology (HSPP), or by a qualified person under the direct supervision of an HSPP. Licensed, HSPP psychologists have had extensive course work in both testing and its underlying knowledge base of theory and research, as well as substantial supervised practical experience in testing, diagnosis and treatment. They have also passed a national examination that thoroughly addresses the content areas specified below. We affirm that maintaining this level of credentialing is essential for the safe and appropriate use of psychological tests.

In *The Guidelines and Principles for Accreditation* (The American Psychological Association: <http://www.apa.org/ed/G&P052.pdf>) we find the following statement:

Domain B: Program Philosophy, Objectives, and Curriculum Plan

3. In achieving its objectives, the program has and implements a clear and coherent curriculum plan that provides the means whereby all students can acquire and demonstrate substantial understanding of and competence in the following areas:

(c) Diagnosing or defining problems through psychological assessment and measurement and formulating and implementing intervention strategies (including training in empirically supported procedures). To achieve this end, the students shall be exposed to the current body of knowledge in at least the following areas: theories and methods of assessment and diagnosis; effective intervention; consultation and supervision; and evaluating the efficacy of interventions.

In other words, programs purporting to train applied psychologists (e.g., counseling, clinical and school psychologists) are expected to provide formal training in psychological assessment and measurement.

As delineated in *The Rules of the Indiana State Psychology Board* (868 IAC 1.1-11-6 Psychological Testing), and detailed in the *Report of the Task Force on Test User Qualifications* (American Psychological Association, 2000), in order to administer and interpret psychological tests, the following formal GRADUATE academic training is the

minimum requirement (note: information from two areas may be combined into one course):

1. at least one three (3) semester or quarter hour graduate course in statistics, including at minimum:
 - 1.1 frequency distributions (e.g., cumulative frequency distributions)
 - 1.2 descriptive statistics (e.g., kurtosis, skewness)
 - 1.3 measures of central tendency (e.g., mean, median, mode)
 - 1.4 measures of variation (e.g., variance and standard deviation), and
 - 1.5 indices of relationship (e.g., correlation coefficients)
2. at least one three (3) semester or quarter hour graduate course in test construction, including at minimum:
 - 2.1 types of scales (ordinal, nominal)
 - 2.2 types of scores (raw scores; transformed scores)
 - 2.3 scale score equating
 - 2.4 cut scores
 - 2.5 test validity, and
 - 2.6 test reliability
3. at least one three (3) semester or quarter hour graduate course in sampling theory
4. at least one three (3) semester or quarter hour graduate course in tests and measurement, including at minimum:
 - 4.1 sources of variability or measurement error
 - 4.2 types of reliability and appropriateness for different types of tests and test use
 - 4.3 change scores (or difference scores)
 - 4.4 standard error of measurement (i.e., standard error of a score)
 - 4.5 construct validity, and
 - 4.6 normative interpretation of test scores
5. at least one three (3) semester or quarter hour graduate course in individual differences, including at minimum:
 - 5.1 personality theory
 - 5.2 abnormal psychology, and
 - 5.3 human development
6. at least one three (3) semester or quarter hour graduate course in objective and projective assessment of abilities and personality
7. at least one three (3) semester or quarter hour graduate course in psychological testing, including at minimum:
 - 7.1 intended use of test score
 - 7.2 knowledge of method and procedures used to develop and revise the test
 - 7.3 definition of the construct the test purports to measure
 - 7.4 types of scaling or keying used

- 7.5 scoring procedures
- 7.6 types of score interpretation
- 7.7 item and scale score characteristics
- 7.8 evidence of reliability and validity of test
- 7.9 information on test bias
- 7.10 description of validation, normative and/or standardization groups
- 7.11 test administration procedures
- 7.12 knowledge of test taker variables that may affect validity and interpretation, and
- 7.13 special requirements or limitations of the test

Psychological testing that is used for treatment planning, diagnostic classification, or descriptive purposes requires formal graduate academic training in the following areas:

1. at least one three (3) semester or quarter hour graduate course in abnormal psychology, psychopathology and psychodiagnosis

Finally, competent interpretation of psychological tests requires formal supervised training and experience that is ordinarily obtained through a practicum, internship, and post-doctoral supervised experience.

Concluding Comments

We believe that there were several problems areas that hampered the work of this committee and on which we were unable to reach compromise or consensus.

First, there was a fundamental difference in the understanding of our respective Boards regarding the nature of our task. The Psychology Board members interpreted our task as providing thoughtful and unbiased expert information and guidance to the legislative committee to assist them with difficult decisions. It was apparent from the outset that the SW, MFT, MHC Board representatives wanted to advance legislative change and based their arguments on competency of individual licensees.

Second, there was a difference of opinion regarding the logical order of business. We felt that it was both logical and necessary to establish clear definitions for the activities under study, with consensus if at all possible, prior to being able to define the necessary training and experience criteria for engaging in these activities. The other board members wanted to approach criteria first without a clear definition of terms. This was both very time consuming and nonproductive.

Third, the other board members offered little language regarding either definitions or criteria, and continued to attempt to refocus our discussions on the need for legislative change. In fact, the only language put forward for definitions was that for appraisal instruments, and what was initially offered was that already found in law. The members of the Psychology Board provided draft language for the terms assigned that was

discussed at great length and eventually accepted, only to be later rejected with little or no explanation and no alternative language put forward.

Due to the lack of progress and limited time available, we suggested that the other board put forward their draft language for definitions and criteria, and an attempt would be made to reach some consensus and a combined report at a final meeting tentatively scheduled for September 30, 2005. The deadline for submission of draft language was September 16, 2005. It became evident upon receipt of their draft language for definitions that they had drastically changed by reduction and omission language that had once been agreed upon. Further, rather than provide language for criteria, they offered almost *verbatim* the draft legislation that their professional organizations had introduced in the fall of 2004. It became very clear that the likelihood of consensus was quite low. Therefore, the September 30, 2005 meeting was cancelled and both groups were given the opportunity to file their own section of the final report.

Throughout our discussions this issue of competency was raised repeatedly. The members of our fellow board wish to use this standard to determine who is capable to do various activities instead of degree completed or licensure status. In principle, competence based training and credentialing is an ideal toward which we all strive. However, progress toward this goal is at a very rudimentary level (Rodolfa, et al., 2005). For regulatory purposes, there is no uniformly accepted or available method for establishing competency beyond what is currently being utilized. We are faced with evaluating competence at the end of professional training and the beginning of unsupervised professional practice, referred to as summative competence (Roberts, et al. 2005). This must be based on successful completion of academic requirements, required supervised experience, and passage of necessary examinations. The members of our fellow board assert that the training received in programs approved for licensure in their professions adequately prepares their licensees for the independent practice of psychological testing and diagnosis of mental and behavioral disorders. There is clear evidence that their training is at the introductory level and is no way comparable to the training and experience acquired in doctoral programs in psychology (see Appendix 1). It appears their argument is that the current practice standard (by law) is unnecessarily high and that the training of their licensees is sufficient. We believe this argument is illogical, circuitous, not evidence based, and potentially very dangerous for the consumers of mental health services in Indiana.

Respectfully submitted,

Patricia A. Murphy, Psy.D., HSPP, Co-Chair (for the committee)
Lois Rifner, Ph.D., HSPP
Sharon Bowman, Ph.d., HSPP

References

American Psychological Association (2000). *Report of the Task Force on Test User Qualifications*. <http://www.apa.org/science/tuq.pdf>

American Psychological Association. *The Guidelines and Principles for Accreditation* <http://www.apa.org/ed/G&P052.pdf>

Indiana Administrative Code (2004 Edition #1). *Rules of the Indiana State Psychology Board*.

Rodolfa, E.; Bent, R.; Eisman, E.; Nelson, P.; Rehm, L.; Ritchie, P. (2005). A Cube Model for Competency Development: Implications for Psychology Educators and Regulators. *Professional Psychology: Research and Practice*, 36, 347-354.

Roberts, M. C.; Borden, K. A.; Christiansen, M. D.; Lopez, S. J. (2005). Fostering a Culture Shift: Assessment of Competence in the Education and Careers of Professional Psychologists. *Professional Psychology: Research and Practice*, 36, 355-361.

APPENDIX 1

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|---|--|--|---|
| Education: Graduate Hours | 24 hours (sem) | 27 hours (sem) | 60 hours (sem) w/ masters in Clinical social work Psychology Human Services Human Development Family Relations or Counseling |
| Minimum Degree: | Master's in Social Work | Master's degree in marriage and family therapy or related degree | Master's degree in an area related to mental health counseling |
| Education: Course Requirements | Clinical Social Work Psychiatric Social Work Medical Social Work Social Case Work | Theoretical foundations of MFT Major models of MFT Individual development | Human growth and development Social and cultural foundations of |

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|--|--|--|--|
| <p>Education: Course Requirements (cont.)</p> | <p>Case Management Psychotherapy Group Therapy</p> | <p>Family development & family relationships Clinical problems Collaboration with other disciplines Sexuality Gender & sexual orientation</p> <p>Issues of ethnicity, race, socioeconomic status, & culture Therapy techniques Behavioral research that focuses on the interpretation of research data as it applies to clinical practice</p> <p>The [above] content areas may be combined into any one (1) graduate level course.</p> <p>Legal, ethical and professional standards issues in the practice of MFT or an equivalent course (2 semester hours)</p> <p>Appraisal and assessment for individual or interpersonal disorder or dysfunction (2 semester hours)</p> | <p>counseling Helping relationship, including counseling theory and practice Group dynamics, processes, counseling and consultation Lifestyle and career development</p> <p>Assessment and appraisal of individuals Research and program evaluation Professional orientation and ethics Foundations of mental health counseling Contextual dimensions of mental health counseling Knowledge and skills for the practice of mental health counseling and psychotherapy Clinical instruction</p> |
| <p>Education: Course Requirements (cont.)</p> | | | |

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| Practical Experience: Pre-Degree | Field placement including evaluation and treatment (1500 hours – 750 hours direct client contact) | Field placement, practicum, internship with 500 hours direct client MFT services | One practicum of 100 hours (40 hours of direct service, w/ 10 hours in group work) One internship of 600 hours (240 hours of direct service) Experience in assessment instruments, computers, print and nonprint media, professional literature, research, and information and referral to appropriate providers) |
| Practical Experience: Pre-Degree (cont.) | | | One advanced internship of 300 hours |

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|---|---|---|--|
| Practical Experience: Pre-Degree (cont.) | | | |
| Practical Experience: Post-Degree | Two years including evaluation and treatment (3000 hours with 1500 direct client contact) | Two years including 1000 hours of clinical experience, providing individual, group, and family therapy with unmarried couples, married couples, separating or divorcing couples, and family groups including children | Two years (3000 hours) |
| Setting | Social service agencies Schools Institutions of higher learning Hospitals Private practice Mental health centers Correctional institutions Home health agencies Long-term health care facilities Employee assistance programs Occupational social Services Military facilities | Not specified | Counseling setting |
| Supervisor | LCSW | Trained supervisor in MFT | LMHC or equivalent |
| Frequency of Supervision | 4 hours per month | 100 hours pre-degree 200 hours post-degree, 100 of which is individual supervision | 100 hours pre-degree (1 hour of individual and 1.5 hours of group supervision per week) 100 hours post-degree |
| Exam | Association of Social Work Board | American Marriage and Family Therapist | National Clinical Mental Counselor Exam |

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**REPORT OF THE SOCIAL WORKER, MARRIAGE AND FAMILY
THERAPIST AND MENTAL HEALTH COUNSELOR BOARD MEMBERS OF
THE STUDY COMMITTEE ON DEFINITIONS AND CRITERIA FOR
PRACTICE EMPANNELED BY SEA No. 591**

Comments regarding the criteria for demonstrating competency for mental health professionals:

It is understood that mental health professionals have a serious responsibility to their clients and to the public. They need to be able to demonstrate through training and supervised experience that they are competent to carry out the task necessary in assisting clients and in helping others understand client difficulties.

It is our position that competency can be demonstrated, not by type of degree but by specificity and depth of training and supervised experience. A review of the courses currently taught in Indiana and in other states clearly demonstrates that professionals are being taught to utilize the diagnostic and statistical manual terminology necessary to communicate client problems. Additionally, courses in psychopathology, in the statistical and psychometric aspects of testing, as well as the environmental and contextual aspects of testing are clearly evident in reviewing course syllabi.

It may well be that there needs to be different levels of recognized testing competence; for example, all mental health professionals need to be proficient in the use of the DSM as well as ICN terminology. However, not all mental health professionals have advanced training in projective testing techniques. That should not keep qualified providers from providing treatment and indeed on matters not requiring specialized testing being able to diagnose within their level of training. This should also be the case for doctoral level providers who have not had the training to utilize specialized tests.

The reality is that most mental health professionals in Indiana as well as in the country are master level providers who make use of DSM terminology everyday. Currently, depending on state regulations, many master level mental health professionals provide utilize testing and provide diagnosis on a regular basis. A search of the literature does not find research demonstrating that these professionals are any less proficient than those at the doctoral level.

Criteria

1. Assessment

Assessment essentially, is what one does in order to get to a diagnosis often, but not always, testing is a component of that. Licensed Mental Health Professionals should be able to perform assessment by virtue of their licensure, education, and training providing they have the education and training consistent with the task. In addition to the psychometric and other tasks traditionally assigned to diagnosis, emphasis is placed on understanding the social, cultural situation that clients are facing. With the addition of testing knowledge and skill, these are all vital components of assessment.

2. Diagnosis

In effect, diagnosis, when applied to mental health situations, means the identification of mental problems from their symptoms. Licensed Mental Health Professionals may diagnose by virtue of their licensure, education, and training providing they have the education and training consistent with the task. The key component is demonstrated competency. This is demonstrated through appropriate course work and a broad range of courses relating to understanding the DSM and ICN, theory, statistical and psychometric aspects of testing, issues of cultural and individual diversity, and also includes appropriate supervised clinical experience.

3. Psychological Testing

Psychological testing relates to the instruments that are utilized by licensed Mental Health Professionals to assist in providing information leading to overall assessment and diagnosis. Professionals may use psychological tests providing they can demonstrate competence gained from sufficient formal training and supervised experience in the topics related to testing. These would include but are not limited to theory, statistical and psychometric aspects of testing, issues of cultural and individual diversity, and also includes appropriate supervised clinical experience.

4. Appraisal Instrument

Licensed Mental Health Professionals may use appraisal instruments to the extent that they can demonstrate competence in their use. In

order to do this they would need to have taken formal training and supervised experience in topics related to appraisal. These would include but are not limited to theory, statistical and psychometric aspects of testing, issues of cultural and individual diversity, and also includes appropriate supervised clinical experience.

Statute

- (1) Have a Master's or Doctoral degree.
- (2) Be licensed as a Marriage and Family Therapist, Mental Health Counselor, or Clinical Social Worker under Indiana law.
- (3) Have the education and training consistent with that necessary to provide competent testing services, including formal graduate degree training in the following:
 - (a) Individual and group approaches to testing.
 - (b) Strategies for selecting, administering and interpreting tests.
 - (c) Standardized and informal testing procedures and methods.
 - (d) The statistical, psychometric, and sociometric aspects of testing.
 - (e) Test construction.
 - (f) Sampling theory.
 - (g) The establishment and use of norms in testing including norm-referenced and criterion-referenced testing.
 - (h) Measurement theory including reliability, validity, and item analysis.
 - (i) The environmental and contextual aspects of testing.
 - (j) Computer-managed and computer-assisted testing.
 - (k) Individual differences, equity, and bias in assessment, including ethnic, cultural, sexual, gender, and age bias.
 - (l) General assessment principles associated with testing including recording behavioral observations and interview data.

In addition, the individual must have supervised training and experience, which is ordinarily obtained in a practicum or an internship. Individuals acquiring competency in testing subsequent to graduate training must obtain supervision from a licensed mental health professional in Indiana who has credentials substantially equal to those required by this statute.

Rule

- (1) Have a Master's or Doctoral degree.
- (2) Be licensed as a Marriage and Family Therapist, Mental Health Counselor, or Clinical Social Worker under Indiana law.
- (3) Obtain a minimum of forty-five (45) total instructional hours of graduate coursework in psychopathology, abnormal behavior, and psychodiagnosis.
- (4) Obtain a minimum of forty-five (45) hours of formal supervised training and experience in psychological testing through traditional coursework and a clinical internship.
- (5) To administer and interpret intelligence tests, obtain a minimum of forty-five (45) instructional hours of graduate coursework in the area of intelligence testing.
- (6) To administer and interpret personality tests, obtain a minimum of forty-five (45) instructional hours of graduate coursework in the area of personality testing.
- (7) If the individual is acquiring competency in testing subsequent to graduate training, obtain supervision from an individual licensed in Indiana. If the experience is not obtained in Indiana, the individual must obtain supervision from an individual who has credentials substantially equal to those required by this rule.
- (8) Follow the training guidelines and ethical guidelines regarding testing of the individual's national professional association.
- (9) Consult or refer when a psychological test indicates that consultation or referral is necessary for the welfare of the client.
- (10) Maintain current knowledge in the application, administration, scoring, and interpretation of the instrument or test, including each edition or version of the instrument or test that the individual uses.